

<i>SERFF Tracking Number:</i>	<i>AFDL-125798780</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American Fidelity Assurance Company</i>	<i>State Tracking Number:</i>	<i>40166</i>
<i>Company Tracking Number:</i>	<i>AMD1258, AMD1259, A1194R808</i>		
<i>TOI:</i>	<i>H021 Individual Health - Accident Only</i>	<i>Sub-TOI:</i>	<i>H021.000 Health - Accident Only</i>
<i>Product Name:</i>	<i>AMD1258, AMD1259, A1194R808</i>		
<i>Project Name/Number:</i>	<i>AMD1258, AMD1259, A1194R808/AMD1258, AMD1259, A1194R808</i>		

Filing at a Glance

Company: American Fidelity Assurance Company

Product Name: AMD1258, AMD1259, A1194R808 SERFF Tr Num: AFDL-125798780 State: ArkansasLH

TOI: H021 Individual Health - Accident Only SERFF Status: Closed State Tr Num: 40166
 Sub-TOI: H021.000 Health - Accident Only Co Tr Num: AMD1258, AMD1259, A1194R808 State Status: Approved-Closed

Filing Type: Form/Rate Co Status: Reviewer(s): Rosalind Minor
 Authors: Shari Vick, Ashlie Snyder Disposition Date: 09/08/2008
 Date Submitted: 09/04/2008 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name: AMD1258, AMD1259, A1194R808	Status of Filing in Domicile: Pending
Project Number: AMD1258, AMD1259, A1194R808	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments: filed 9/3/08
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Group Market Size:
Overall Rate Impact:	Group Market Type:

Filing Status Changed: 09/08/2008

State Status Changed: 09/08/2008

Corresponding Filing Tracking Number:

Filing Description:

Deemer Date:

Enclosed for your approval are the above captioned forms. The riders are new forms and do not replace any other forms. The application will replace A-1194 previously approved by your Department. These riders will be issued to individuals age 18 to 64, and will be marketed by American Fidelity Assurance Company captive agents and licensed appointed brokers.

SERFF Tracking Number: AFDL-125798780 State: Arkansas
Filing Company: American Fidelity Assurance Company State Tracking Number: 40166
Company Tracking Number: AMDI258, AMDI259, A1194R808
TOI: H021 Individual Health - Accident Only Sub-TOI: H021.000 Health - Accident Only
Product Name: AMDI258, AMDI259, A1194R808
Project Name/Number: AMDI258, AMDI259, A1194R808/AMDI258, AMDI259, A1194R808

The Accident Only Benefit Enhancement Rider, AMDI258, will be used with individual Accident Only policy, AO-03AR, previously approved by your department on October 14, 2003. This rider will have three plans, Basic, Enhanced, or Enhanced Plus with the only difference being the benefit amounts.

The Non-Occupational Accident Rider, AMDI259, will be used with individual Accident Only policies previously approved by your Department.

The A1194R808 is the application that will be used to apply for the previously approved policy and any additional riders.

The Flesch score of AMDI258 is 53, AMDI259 is 56, and A1194R808 is 52. These riders were filed with the state of domicile, Oklahoma, on September 3, 2008.

These forms may eventually be issued from an automated system. We will make every attempt to produce the automated version to duplicate this final printed format; however, fonts and word wrap can vary when going from one system or printer to another. We will not alter the wording and will try to duplicate all pages, including keeping the verbiage on each page as submitted for approval. The pages may print on different colors of paper depending upon the market.

I hereby certify that to the best of my knowledge the forms submitted herewith are in compliance in all respects with the provisions of the insurance laws, rules and regulations of your state and such forms contain no provisions previously disapproved by the Department.

Thank you for your assistance with this matter. If you have any questions, please feel free to call me at 1-800-654-8489, extension 7782. My email address is shari.vick@af-group.com

Company and Contact

Filing Contact Information

Shari Vick, Compliance Analyst II
2000 Classen Blvd
Oklahoma City, OK 73106

shari.vick@af-group.com
(800) 654-8489 [Phone]
(405) 523-5793[FAX]

Filing Company Information

<i>SERFF Tracking Number:</i>	<i>AFDL-125798780</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American Fidelity Assurance Company</i>	<i>State Tracking Number:</i>	<i>40166</i>
<i>Company Tracking Number:</i>	<i>AMD1258, AMD1259, A1194R808</i>		
<i>TOI:</i>	<i>H021 Individual Health - Accident Only</i>	<i>Sub-TOI:</i>	<i>H021.000 Health - Accident Only</i>
<i>Product Name:</i>	<i>AMD1258, AMD1259, A1194R808</i>		
<i>Project Name/Number:</i>	<i>AMD1258, AMD1259, A1194R808/AMD1258, AMD1259, A1194R808</i>		

American Fidelity Assurance Company	CoCode: 60410	State of Domicile: Oklahoma
2000 North Classen Blvd	Group Code:	Company Type: LAH
Oklahoma City, OK 73106	Group Name:	State ID Number:
(405) 523-2000 ext. [Phone]	FEIN Number: 73-0714500	

SERFF Tracking Number: *AFDL-125798780* *State:* *Arkansas*
Filing Company: *American Fidelity Assurance Company* *State Tracking Number:* *40166*
Company Tracking Number: *AMD1258, AMD1259, A1194R808*
TOI: *H021 Individual Health - Accident Only* *Sub-TOI:* *H021.000 Health - Accident Only*
Product Name: *AMD1258, AMD1259, A1194R808*
Project Name/Number: *AMD1258, AMD1259, A1194R808/AMD1258, AMD1259, A1194R808*

Filing Fees

Fee Required? *Yes*
Fee Amount: *\$75.00*
Retaliatory? *Yes*
Fee Explanation: *\$25 per rider/app*
Per Company: *No*

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Fidelity Assurance Company	\$75.00	09/04/2008	22284389

SERFF Tracking Number:	AFDL-125798780	State:	Arkansas
Filing Company:	American Fidelity Assurance Company	State Tracking Number:	40166
Company Tracking Number:	AMD1258, AMD1259, A1194R808		
TOI:	H021 Individual Health - Accident Only	Sub-TOI:	H021.000 Health - Accident Only
Product Name:	AMD1258, AMD1259, A1194R808		
Project Name/Number:	AMD1258, AMD1259, A1194R808/AMD1258, AMD1259, A1194R808		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	09/08/2008	09/08/2008

<i>SERFF Tracking Number:</i>	<i>AFDL-125798780</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American Fidelity Assurance Company</i>	<i>State Tracking Number:</i>	<i>40166</i>
<i>Company Tracking Number:</i>	<i>AMD1258, AMD1259, A1194R808</i>		
<i>TOI:</i>	<i>H021 Individual Health - Accident Only</i>	<i>Sub-TOI:</i>	<i>H021.000 Health - Accident Only</i>
<i>Product Name:</i>	<i>AMD1258, AMD1259, A1194R808</i>		
<i>Project Name/Number:</i>	<i>AMD1258, AMD1259, A1194R808/AMD1258, AMD1259, A1194R808</i>		

Disposition

Disposition Date: 09/08/2008

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>AFDL-125798780</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American Fidelity Assurance Company</i>	<i>State Tracking Number:</i>	<i>40166</i>
<i>Company Tracking Number:</i>	<i>AMD1258, AMD1259, A1194R808</i>		
<i>TOI:</i>	<i>H021 Individual Health - Accident Only</i>	<i>Sub-TOI:</i>	<i>H021.000 Health - Accident Only</i>
<i>Product Name:</i>	<i>AMD1258, AMD1259, A1194R808</i>		
<i>Project Name/Number:</i>	<i>AMD1258, AMD1259, A1194R808/AMD1258, AMD1259, A1194R808</i>		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	Actuarial Memorandum	Approved-Closed	No
Form	Accident Only Benefit Enhancement Rider	Approved-Closed	Yes
Form	Non Occupational Accident Rider	Approved-Closed	Yes
Form	Accident Only Application	Approved-Closed	Yes
Form	Outline of Coverage	Approved-Closed	Yes

SERFF Tracking Number: AFDL-125798780 State: Arkansas

Filing Company: American Fidelity Assurance Company State Tracking Number: 40166

Company Tracking Number: AMDI258, AMDI259, A1194R808

TOI: H021 Individual Health - Accident Only Sub-TOI: H021.000 Health - Accident Only

Product Name: AMDI258, AMDI259, A1194R808

Project Name/Number: AMDI258, AMDI259, A1194R808/AMDI258, AMDI259, A1194R808

Form Schedule

Lead Form Number: AMDI258

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	AMDI258	Policy/Cont	Accident Only Benefit ract/Fratern Enhancement Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		53	AMDI258 Accident Only Benefit Enhancement Rider.pdf
Approved-Closed	AMDI259	Policy/Cont	Non Occupational ract/Fratern Accident Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		56	AMDI259 Non- Occupational Accident Rider.pdf
Approved-Closed	A1194R808	Application/ Enrollment Form	Accident Only Application	Revised	Replaced Form #: A- 52 1194-AR Previous Filing #: 10/14/03		A1194R808.F inal 9-2- 08.pdf
Approved-Closed	OCAO03R808AR	Outline of Coverage	Outline of Coverage	Initial		0	OCAO03R80 8.AR.OC w- BER.pdf

Accident Only Benefit Enhancement Rider

This rider is a part of the policy to which it is attached. It is subject to all the provisions of the policy that are not in conflict with the provisions of this rider. This rider will terminate on the same date as the policy to which it is attached.

Effective Date:

This rider applies only to a Covered Accident that occurs after the Effective Date of this rider.

The policy to which this rider is attached is hereby amended as follows:

DEFINITIONS

The following definition is added to the Definitions section of the policy:

AMBULATORY SURGICAL FACILITY: A free standing surgical facility which offers ambulatory medical service. The surgical facility is not part of a Hospital, but it must have been reviewed and approved by the appropriate state health commission to provide the treatment or service. An Ambulatory Surgical Facility is a place that:

- (1) has permanent facilities that are equipped for surgical procedures performed by qualified Physicians; and
- (2) provides anesthesia administered by a licensed anesthesiologist or licensed nurse anesthetist; and
- (3) has registered professional nursing services available on site, whenever a patient is in the facility; and
- (4) has written agreements with local Hospitals to immediately accept patients who develop complications;
- (5) Requires that the patient be admitted, treated, and released within a 24-hour period.

BENEFITS

The A. Accidental Death and Dismemberment Benefit amounts for the Primary Insured, Spouse, and Child shown on the policy Schedule of Benefits are increased by the amounts shown below:

Accidental Death	Primary Insured	Spouse	Child
Common Carrier	\$	\$25,000, 50,000, 100,000	\$15,000, 30,000, 60,000
All Other Covered Accidents		7,500, 15,000, \$30,000	2,500, 5,000, 10,000
Accidental Dismemberment		Spouse	Child
Both arms and both legs		7,500, 15,000, 30,000	2,500, 5,000, 10,000
Both eyes		3,750, 7,500, 15,000	1,250, 2,500, 5,000
Both hands or both feet		3,750, 7,500, 15,000	1,250, 2,500, 5,000
Both legs or both arms		3,750, 7,500, 15,000	1,250, 2,500, 5,000
One arm or one leg	750,1500, 3,000	2,250, 4,500, 9,000	500, 1,750, 3,500
One eye	750,1500, 3,000	2,250, 4,500, 9,000	500, 1,750, 3,500
One hand or one foot	750,1500, 3,000	2,250, 4,500, 9,000	500, 1,750, 3,500
One or more fingers or toes	700, 900, 800	850, 1,200, 1,400	400, 550, 600

The E. Accident Emergency Treatment Benefit is replaced in its entirety by the following:

E. ACCIDENT EMERGENCY TREATMENT BENEFIT: We will pay the amount shown in the Schedule of Benefits for a Covered Person who receives emergency treatment for Injuries sustained in a Covered Accident while covered under the policy. Emergency treatment means medical treatment received in a Physician's office or emergency room for Injuries sustained in a Covered Accident which demand immediate attention. This benefit includes physician fees and emergency services. Treatment must be received within 72 hours of the Covered Accident. This benefit is payable once per Covered Person per Covered Accident.

The E. Accident Emergency Treatment Benefit amounts shown in the Schedule of Benefits are increased by the following amounts shown below:

Hospital Emergency Room	Doctor's Office
\$50	[\$75, \$100, \$125]

The F. Accident Follow-up Treatment Benefit is replaced in its entirety by the following:

F. ACCIDENT FOLLOW-UP TREATMENT BENEFIT: If, while covered under the policy, a Covered Person receives emergency treatment for Injuries sustained in a Covered Accident and later requires additional treatment over and above the emergency treatment administered in the first 72 hours of the Covered Accident, we will pay the benefit amount shown in the Schedule of Benefits. We will pay for up to four treatments per Covered Person per Covered Accident. Treatments must be provided by a Physician.

This benefit is not payable for the same visit that the Physical Therapy Benefit or Non-Emergency Follow-Up Benefit is paid. Physical Therapy treatments are not payable under the Accident Follow-up Treatment Benefit or Non-Emergency Accident Follow-Up Treatment Benefit as those treatments are covered under the Physical Therapy Benefit or Non-Emergency Accident Follow-Up Treatment Benefit.

The G. Ambulance Benefit amounts shown on the policy Schedule of Benefits are increased by the amounts shown below:

Ambulance Benefit	Ground	Air Ambulance
	\$150	\$1,000

The H. Transportation Benefit is replaced in its entirety by the following:

H. TRANSPORTATION BENEFIT: We will pay the amount shown in the Schedule of Benefits for the transportation of a Covered Person who requires specialized treatment and Hospital Confinement in a non-local Hospital due to Injuries sustained in a Covered Accident. A non-local Hospital must be at least 50 miles away, one way, using the most direct route, from the closer of the Covered Person's residence or site of the Covered Accident. Travel must be by scheduled bus, plane, train, or by car. Ambulance service does not qualify for this benefit. The treatment must be prescribed by a Physician and not be available locally. This benefit is payable for up to three round trips per Calendar Year per Covered Person. Transportation benefits will only be provided for the Injured Covered Person.

The I. Family Member Lodging and Meals Benefit is replaced in its entirety by the following:

I. FAMILY MEMBER LODGING AND MEALS BENEFIT: We will pay the amount shown in the Schedule of Benefits for lodging and meals for a family member to be near a Covered Person who has been Hospital Confined in a non-local Hospital. The treatment must be required for Injuries sustained in a Covered Accident, and be prescribed by a Physician. Non-local means the Hospital is at least 50 miles away, one way, using the most direct route, from the closer of the Covered Person's residence or site of the Covered Accident. This benefit is payable only during the period the Injured Covered Person is Hospital Confined. This benefit is payable for up to 30 days per Covered Accident.

The V. Physical Therapy Benefit is replaced in its entirety by the following:

V. PHYSICAL THERAPY BENEFIT: If a Physician advises a Covered Person to seek physical therapy, we will pay the amount shown in the Schedule of Benefits. Physical therapy must be for Injuries sustained in a Covered Accident and be performed by a care-giver licensed in physical therapy. We will pay the amount shown in the Schedule of Benefits for one treatment per day for up to eight treatments per Covered Person per Covered Accident. This benefit is not payable for the same visit that the Accident Follow-up Treatment Benefit or Non-Emergency Follow-up Treatment Benefit is paid.

The Z. Medical Imaging Benefit amount shown on the policy Schedule of Benefits is increased by \$50.

The AA. Wellness Benefit is replaced in its entirety by the following:

AA. WELLNESS BENEFIT: After coverage has been in force for [12 months, 30 days] if, due to routine examinations or preventive testing, you or any other Covered Person has an annual physical exam, including immunization(s), we will pay the amount shown in the Schedule of Benefits. This benefit does not cover dental exams or eye exams. The amount shown in the Schedule of Benefits is the total amount that will be paid for this benefit once per Calendar Year per policy. Services must be under the supervision of a Physician and a charge must be incurred for the service.

If this policy replaced accident coverage from our company or another company that terminated within 30 days of the effective date of this policy, the [12-month, 30-day] waiting period for this benefit will be waived to the extent that it was met under the prior coverage.

The following benefits are added to the base policy and policy Schedule of Benefits:

CC. OUTPATIENT HOSPITAL OR AMBULATORY SURGICAL CENTER BENEFIT: When a surgical procedure is performed on an outpatient basis in a Hospital or at an Ambulatory Surgical Center on a Covered Person for Injuries sustained in a Covered Accident, we will pay the indemnity amount shown in the Schedule of Benefits for the facility fee charged by such Hospital or Ambulatory Surgical Center. We will only pay one Outpatient Hospital or Ambulatory Surgical Center Benefit per Covered Person in a 24-hour period even if more than one surgical procedure is performed. This benefit will not be paid for surgery performed in a Hospital emergency room or in a Physician's office.

The following is added to the policy Schedule of Benefits:

BENEFIT NAME	BENEFIT AMOUNT
CC. Outpatient Hospital or Ambulatory Surgical Center	[\$150, \$250, \$350] per day surgery performed

DD. ANESTHESIA BENEFIT: We will pay the amount shown in the Schedule of Benefits for the services of an anesthesiologist received as a result of a surgery performed due to Injuries sustained in a Covered Accident. Hospital Confinement is not required to receive this benefit. We will only pay one Anesthesia Benefit per Covered Person in a 24-hour period even if more than one surgical procedure is performed. This benefit is not payable for local anesthesia.

The following is added to the policy Schedule of Benefits:

BENEFIT NAME	BENEFIT AMOUNT
DD. Anesthesia	[\$150, \$200, \$250] per day surgery performed

EE. NON-EMERGENCY ACCIDENT INITIAL TREATMENT BENEFIT: We will pay the amount shown in the Schedule of Benefits for a Covered Person who receives initial medical treatment for Injuries sustained in a Covered Accident when such treatment is received more than 72 hours after the Covered Accident. Initial medical treatment must:

- (1) be received in a Physician's office or emergency room for Injuries sustained in a Covered Accident; and
- (2) be the first treatment received by the Covered Person for such Injuries; and
- (3) occur within 30 days following the Covered Accident.

This benefit is payable once per Covered Person per Covered Accident.

The following is added to the policy Schedule of Benefits:

BENEFIT NAME	BENEFIT AMOUNT
EE. Non-Emergency Accident Initial Treatment	[\$75, \$100, \$125] per Covered Person per Covered Accident

FF. NON-EMERGENCY ACCIDENT FOLLOW-UP TREATMENT BENEFIT: If the Non-Emergency Accident Initial Treatment Benefit is payable for a Covered Person and later, while covered under the policy, such Covered Person requires additional treatment over and above the initial medical treatment administered, we will pay the benefit amount shown in the Schedule of Benefits. We will pay for up to two treatments per Covered Person per Covered Accident. Medical treatment must be provided by a Physician.

This benefit is not payable for the same visit that the Physical Therapy Benefit or the Accident Follow-Up Benefit is paid. Physical Therapy or Accident Follow-Up treatments are not payable under the Non-Emergency Accident Follow-Up Treatment Benefit as those treatments are covered under the Physical Therapy Benefit or Accident Follow-Up Treatment Benefit, as applicable.

The following is added to the policy Schedule of Benefits:

BENEFIT NAME	BENEFIT AMOUNT
FF. Non-Emergency Accident Follow-Up Treatment	\$50 per treatment up to two treatments per Covered Person per Covered Accident

GG. X-RAY BENEFIT: We will pay the amount shown in the Schedule of Benefits for a Covered Person who has an x-ray performed due to Injuries sustained in a Covered Accident. The x-ray must be done at the request of a Physician. This benefit is payable one time per Covered Person per Covered Accident. This benefit does not cover any tests payable under the Medical Imaging Benefit or any other screening or medical imaging tests.

The following is added to the policy Schedule of Benefits:

BENEFIT NAME	BENEFIT AMOUNT
GG. X-Ray	[\$50, \$100, \$150] per Covered Person per Covered Accident



Secretary

American Fidelity Assurance Company
2000 N. Classen Blvd. Oklahoma City, Oklahoma 73106

Non-Occupational Accident Rider

This rider is a part of the policy to which it is attached. It is subject to all the provisions of the policy that are not in conflict with the provisions of this rider. The Effective Date of this rider is the same date as the policy to which it is attached. This rider will terminate on the same date as the policy to which it is attached.

The policy to which this rider is attached is hereby amended as follows:

The definition of Covered Accident is replaced in its entirety by the following:

COVERED ACCIDENT: An Injury caused by an Accident, for which benefits are provided, which is independent of any disease or bodily infirmity or any other cause and that takes place while the Covered Person is covered under this policy. A Covered Accident is an Accident that occurs as a result of a Common-Carrier Accident or Other Accident as defined in this policy. A Covered Accident does not include any Injury that occurs while engaged in any activity that pertains to the Covered Person's job where such Covered Person receives pay or benefits.

The following paragraph is added to the Limitations and Exclusions section of the policy:

No benefits will be provided for any Injury that occurs while engaged in any activity that pertains to the Covered Person's job where such Covered Person receives pay or benefits.



Secretary

American Fidelity Assurance Company
2000 N. Classen Blvd. Oklahoma City, Oklahoma 73106

**ACCIDENT ONLY
APPLICATION****AMERICAN FIDELITY ASSURANCE COMPANY**
2000 N Classen Blvd Oklahoma City, Oklahoma 73106

--	--	--	--	--	--	--	--	--	--

PROPOSED INSURED INFORMATION

Last Name	(maiden name)	First Name	Full Middle Name	Suffix
------------------	---------------	-------------------	-------------------------	---------------

Age	Date of Birth Mo/Day/Yr	Gender M <input type="checkbox"/> F <input type="checkbox"/>	Soc Sec Number	Requested Eff Date Mo/Day/Yr	Date of Employment Mo/Day/Yr
------------	-----------------------------------	--	-----------------------	--	--

Residence Address (Number and Street)	Work Phone # ()	Home Phone # ()	Country of Citizenship
--	----------------------------	----------------------------	-------------------------------

City	State	Zip	E-mail Address
-------------	--------------	------------	-----------------------

Mailing Address (if different than Residence) Number and Street	City	State	Zip
---	-------------	--------------	------------

Employer	MCP #	Salary \$ Annual <input type="checkbox"/> Monthly <input type="checkbox"/>	SIC Code	Rating Class
-----------------	--------------	--	-----------------	---------------------

Do you now have or have you ever had any other coverage with us? Yes ☐ No ☐

Is the insurance applied for intended to replace or change any coverage you now have with us or another company?

Yes ☐ No ☐ If YES, give company name(s) and policy _____

Is the insurance applied for to be in addition to any other Accident Only coverage with us or any other company?

Yes ☐ No ☐ A person may be covered by only one Accident Only policy.**PLANS:****Accident Benefits**☐ Individual ☐ Single Parent Family
☐ Individual & Spouse ☐ Family☐ 24 Hour ☐ Non Occupational**Base Policy**☐ Basic☐ Enhanced☐ Enhanced Plus☐ Upgrade - Benefit
Enhancement Rider**BASE****PREMIUM: \$****RIDER****PREMIUM: \$****Accident Disability Income Rider**

(Spouse's Monthly Benefit is 1/2 of the Primary Insured's)

☐ Individual ☐ Individual and Spouse☐ 24 Hour ☐ Non Occupational**Off the job Monthly Benefit:** ☐ \$500 ☐ \$1000 ☐ \$1500 ☐ _____**On the job Monthly Benefit:** ☐ 50 % ☐ 100% _____**Elimination Period:** ☐ 0 ☐ 7 ☐ 14 days _____**Benefit Period:** ☐ 6 ☐ 12 ☐ 24 months _____**RIDER PREMIUM: \$**

Total Modal Premium \$ _____

Premium Frequency:

MCH # _____

☐ Monthly☐ Semi-Annual

Distribution ID Code _____

☐ Quarterly☐ Annual

Payor _____

☐ Skip Mode (describe)

Billing Method:

☐ Direct Bill☐ Bank☐ List Bill**SPOUSE INFORMATION, If To Be Covered**

Spouse's First Name	Full Middle Name	Last Name	Country of Citizenship
----------------------------	-------------------------	------------------	-------------------------------

Soc Sec Number**Date of Birth (Mo/Day/Yr)****BENEFICIARY INFORMATION**Is the Beneficiary the same as the spouse listed above? Yes ☐ No ☐ If "No", please list Beneficiary's name.

First Name	Full Middle Name	Last Name	Relationship to Insured	Country of Citizenship
-------------------	-------------------------	------------------	--------------------------------	-------------------------------

Contingent Beneficiary:

First Name	Full Middle Name	Last Name	Relationship to Insured	Country of Citizenship
-------------------	-------------------------	------------------	--------------------------------	-------------------------------

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information or knowingly presents false information in an application may be guilty of insurance fraud.

COLORADO – WARNING: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purposes of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

DISTRICT OF COLUMBIA – WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny benefits if false information materially related to a claim was provided by the applicant.

NEW MEXICO – WARNING: Any person who knowingly, presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

OHIO – WARNING: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

TENNESSEE – WARNING: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines and denial of coverage.

WASHINGTON – WARNING: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

I have received and reviewed a copy of consumer brochure # SB _____

WAIVER: I understand that no benefits will be paid for any loss that occurs while participating in: any sport for pay or profit; any contest of speed in a power driven vehicle for pay or profit; parachuting; bungee jumping; rappelling; mountain climbing or hang gliding. The statements and answers in this application are true and complete, to the best of my knowledge. The policy will be issued when the application is approved and we receive payment of the first premium. I understand that the policy becomes effective on the Effective Date shown in the Policy Schedule. It is not necessarily the date the application is signed. I understand that benefits will only be paid for a Covered Accident that occurs on or after the Effective Date. No person to be covered by this policy is covered by Medicaid or any other similar program.

Agent # _____ Date Signed _____ Signed At _____

LICENSED AGENT'S SIGNATURE (where required by law) APPLICANT'S SIGNATURE

AMERICAN FIDELITY ASSURANCE COMPANY
(A Stock Company)
2000 N. Classen Blvd. Oklahoma City, Oklahoma 73106
ACCIDENT ONLY COVERAGE
Required Outline of Coverage for
Accident Only Policy - Form Number AO-03(AR)

☐ **24-Hour Coverage Base Policy**

☐ **Non-Occupational Base Policy**

- (1) **Read Your Policy Carefully** - This outline of coverage provides a very brief description of the important features of your policy. This is not the insurance contract and only the actual provisions will control. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. It is, therefore, important that you **READ YOUR POLICY CAREFULLY!**
- (2) **Accident Only Coverage** - Policies of this category are designed to provide, to persons insured, restricted coverage paying benefits **ONLY** when certain losses occur as a result of a Covered Accident. Coverage is not provided for basic hospital, basic medical-surgical or major medical expenses.
- (3) The policy provides the following benefits:

	Basic	Enhanced	Enhanced Plus
Accidental Death or Dismemberment Benefit: Pays an indemnity amount for Accidental Death or Dismemberment that occurs as a result of a Covered Accident. Accidental Death or Dismemberment must occur within 90 days of the Covered Accident and be independent of any Sickness. Only the highest single benefit will be paid for Accidental Death or Dismemberment. Benefits will only be paid once per Covered Person for any one Covered Accident. In the event that Accidental Death and Dismemberment result from the same Covered Accident, only the Accidental Death benefit will be paid. Loss of use does not constitute dismemberment except as stated for eye injuries in the policy.	Death: \$5,000 up to a maximum of \$50,000 per Covered Person per Covered Accident, dependent upon the type of Covered Accident and the Covered Person involved Dismemberment: \$100 up to a maximum of \$15,000 per Covered Person per Covered Accident, dependent upon the type of Covered Accident and the Covered Person involved	Death: \$10,000 up to a maximum of \$100,000 per Covered Person per Covered Accident, dependent upon the type of Covered Accident and the Covered Person involved Dismemberment: \$200 up to a maximum of \$30,000 per Covered Person per Covered Accident, dependent upon the type of Covered Accident and the Covered Person involved	Death: \$20,000 up to a maximum of \$200,000 per Covered Person per Covered Accident, dependent upon the type of Covered Accident and the Covered Person involved Dismemberment: \$400 up to a maximum of \$60,000 per Covered Person per Covered Accident, dependent upon the type of Covered Accident and the Covered Person involved
Hospital Confinement Benefit: Pays an indemnity amount per day of confinement when confined for at least 18 hours, up to 365 days per Covered Person per Covered Accident.	\$100 per day per Covered Person per Covered Accident	\$200 per day per Covered Person per Covered Accident	\$300 per day per Covered Person per Covered Accident
Intensive Care Unit Confinement: Pays an indemnity amount per day for each day of confinement in an Intensive Care Unit, as defined in the policy, up to 15 days per Covered Person per Covered Accident. This benefit is paid in addition to the Hospital Confinement Benefit amount.	\$300 per day up to 15 days per Covered Person per Covered Accident	\$600 per day up to 15 days per Covered Person per Covered Accident	\$900 per day up to 15 days per Covered Person per Covered Accident

	Basic	Enhanced	Enhanced Plus
Hospital Admission: Pays an indemnity amount per admission when the Covered Person is confined to a Hospital as a result of a Covered Accident. Pays once per Covered Person per Covered Accident. This benefit does not pay for outpatient treatment, emergency room treatment, or a stay of less than 18 hours in an observation unit.	\$500 per Hospital Admission per Covered Person per Covered Accident	\$1,000 per Hospital Admission per Covered Person per Covered Accident	\$1,500 per Hospital Admission per Covered Person per Covered Accident
Accident Emergency Treatment Benefit: Pays an indemnity amount per Covered Person per Covered Accident when emergency treatment is received for Injuries sustained in a Covered Accident. Treatment must be received within 72 hours of the Covered Accident. The Accident Emergency Treatment Benefit is payable once per Covered Person per Covered Accident.	Hospital Emergency Room: \$100 Doctor's Office: \$75 Payable once per Covered Person per Covered Accident	Hospital Emergency Room: \$150 Doctor's Office: \$100 Payable once per Covered Person per Covered Accident	Hospital Emergency Room: \$200 Doctor's Office: \$125 Payable once per Covered Person per Covered Accident
Accident Follow-up Treatment Benefit: If, while covered under the policy, a Covered Person receives emergency treatment for Injuries sustained in a Covered Accident and later requires additional treatment over and above the emergency treatment administered in the first 72 hours of the Covered Accident, we will pay an indemnity amount for up to four treatments per Covered Person per Covered Accident. Treatments must be provided by a Physician. This benefit is not payable for the same visit that the Physical Therapy Benefit (or Non-Emergency Follow-Up Benefit if the Accident Only Benefit Enhancement Rider is included at time of application) is paid. Physical Therapy treatments (or Non-Emergency Follow-Up Benefits) are not payable under the Accident Follow-up Treatment Benefit as those treatments are covered under the Physical Therapy Benefit (or Non-Emergency Follow-Up Benefit).	\$50 per treatment up to 4 treatments per Covered Person per Covered Accident	\$50 per treatment up to 4 treatments per Covered Person per Covered Accident	\$50 per treatment up to 4 treatments per Covered Person per Covered Accident
Ambulance Benefit: Pays an indemnity amount for ground ambulance or air ambulance for a Covered Person who requires ambulance transportation to a Hospital or emergency center due to Injuries sustained in a Covered Accident. Ambulance service must be provided by a licensed ambulance company. Benefit pays once per Covered Person per Covered Accident. If ground and air ambulance service are both required we will only pay the highest benefit amount.	Ground: \$150 Air: \$500 Payable once per Covered Person per Covered Accident	Ground: \$150 Air: \$500 Payable once per Covered Person per Covered Accident	Ground: \$150 Air: \$500 Payable once per Covered Person per Covered Accident

	Basic	Enhanced	Enhanced Plus
Transportation Benefit: Pays an indemnity amount per round trip for up to three round trips per Calendar Year for a Covered Person who requires specialized treatment and confinement in a non-local Hospital for Injuries sustained in a Covered Accident. A non-local Hospital must be at least 100 miles away (50 miles away if the Accident Only Benefit Enhancement Rider is included at the time of application), one way, using the most direct route, from the closer of the Covered Person's residence or site of the Covered Accident. The treatment must be prescribed by a Physician and not be available locally. The Transportation Benefit will only be provided for the Injured Covered Person.	\$300 per round trip up to 3 round trips per Calendar Year per Covered Person per Covered Accident	\$300 per round trip up to 3 round trips per Calendar Year per Covered Person per Covered Accident	\$300 per round trip up to 3 round trips per Calendar Year per Covered Person per Covered Accident
Family Lodging and Meals Benefit: Pays an indemnity amount per day for lodging and meals for a family member to be near a Covered Person who is Hospital Confined in a non-local hospital. The treatment must be required for Injuries sustained in a Covered Accident, and be prescribed by a Physician. Non-local means the Hospital is at least 100 miles away (50 miles away if the Accident Only Benefit Enhancement Rider is included at the time of application), one way, using the most direct route, from the closer of the Covered Person's residence or site of the Covered Accident. This benefit is payable only during the period the Injured Covered Person is confined in the Hospital for up to 30 days per Covered Accident.	\$100 per day up to 30 days per Covered Person per Covered Accident	\$100 per day up to 30 days per Covered Person per Covered Accident	\$100 per day up to 30 days per Covered Person per Covered Accident
Fracture Benefit: Pays an indemnity amount, depending on the Fracture involved and the need for either Open or Closed Reduction, when a Covered Person receives a Fractured bone in a Covered Accident. Chip Fractures pay 25% of the Closed Reduction amount for the bone involved. If a Covered Person receives more than one Fractured bone in a Covered Accident and requires Open or Closed Reduction, we will pay for all Fractures not to exceed 2 times the highest benefit amount for the bones involved. No other amount will be paid under this benefit. All fractures must be treated by a Physician.	\$100 up to \$3,000, depending on the Fracture involved and the need for either Open or Closed Reduction Chip Fractures: 25% of Closed Reduction amount for the bone involved Payable once per Covered Person per Covered Accident	\$100 up to \$3,000, depending on the Fracture involved and the need for either Open or Closed Reduction Chip Fractures: 25% of Closed Reduction amount for the bone involved Payable once per Covered Person per Covered Accident	\$100 up to \$3,000, depending on the Fracture involved and the need for either Open or Closed Reduction Chip Fractures: 25% of Closed Reduction amount for the bone involved Payable once per Covered Person per Covered Accident

	Basic	Enhanced	Enhanced Plus
Dislocation Benefit: Pays an indemnity amount, depending on the Dislocation involved and the need for either Open or Closed Reduction, when a Covered Person receives a Dislocation in a Covered Accident. If a Dislocation is repaired with local anesthesia or no anesthesia by a Physician, we will pay 25% of the Closed Reduction benefit amount for the Dislocation involved. If a Covered Person receives more than one Dislocation in a Covered Accident and requires Open or Closed Reduction we will pay for the all Dislocations not to exceed 2 times the amount for the Dislocation involved that has the highest benefit amount. No other amount will be paid under this benefit. Benefits are payable only for the first Dislocation of a joint which occurs while this policy is in force.	<p>\$100 up to \$3,000, depending on the Dislocation involved and the need for either Open or Closed Reduction</p> <p>With local or no anesthesia: 25% of Closed Reduction benefit amount for the Dislocation involved</p> <p>Payable once per Covered Person per Covered Accident</p>	<p>\$100 up to \$3,000, depending on the Dislocation involved and the need for either Open or Closed Reduction</p> <p>With local or no anesthesia: 25% of Closed Reduction benefit amount for the Dislocation involved</p> <p>Payable once per Covered Person per Covered Accident</p>	<p>\$100 up to \$3,000, depending on the Dislocation involved and the need for either Open or Closed Reduction</p> <p>With local or no anesthesia: 25% of Closed Reduction benefit amount for the Dislocation involved</p> <p>Payable once per Covered Person per Covered Accident</p>
Internal Injuries Benefit: Pays an indemnity amount per Covered Person per Covered Accident for internal Injuries sustained in a Covered Accident which result in open abdominal or thoracic surgery within 72 hours of the Covered Accident. Pays once per Covered Person per Covered Accident.	<p>\$1,000 per Covered Person per Covered Accident</p>	<p>\$1,000 per Covered Person per Covered Accident</p>	<p>\$1,000 per Covered Person per Covered Accident</p>
Tendons and Ligaments and Rotator Cuff Benefit: Pays an indemnity amount for the repair of one or more tendons, ligaments, or rotator cuffs per Covered Person per Covered Accident. The tendons, ligaments, or rotator cuff must be treated by a Physician and repaired through surgery.	<p>\$500 for repair of one tendon, ligament, or rotator cuff</p> <p>\$750 for the repair of more than one tendon, ligament or rotator cuff</p> <p>Payable once per Covered Person per Covered Accident</p>	<p>\$500 for repair of one tendon, ligament, or rotator cuff</p> <p>\$750 for the repair of more than one tendon, ligament or rotator cuff</p> <p>Payable once per Covered Person per Covered Accident</p>	<p>\$500 for repair of one tendon, ligament, or rotator cuff</p> <p>\$750 for the repair of more than one tendon, ligament or rotator cuff</p> <p>Payable once per Covered Person per Covered Accident</p>
Burns Benefit: We will pay an indemnity amount for burns received in a Covered Accident when treated by a Physician within 72 hours. This benefit will be paid once per Covered Person per Covered Accident.	<p>\$100 up to \$10,000 per Covered Person per Covered Accident, dependent upon the degree of severity of burns and the percentage of body surface involved.</p>	<p>\$100 up to \$10,000 per Covered Person per Covered Accident, dependent upon the degree of severity of burns and the percentage of body surface involved.</p>	<p>\$100 up to \$10,000 per Covered Person per Covered Accident, dependent upon the degree of severity of burns and the percentage of body surface involved.</p>
Skin Grafts Benefit: Pays an indemnity benefit for a Covered Person who receives a skin graft for a burn for which benefits were paid under the Burn Benefit per Covered Person per Covered Accident.	<p>25% of the Covered Burn Benefit Amount per Covered Person per Covered Accident</p>	<p>25% of the Covered Burn Benefit Amount per Covered Person per Covered Accident</p>	<p>25% of the Covered Burn Benefit Amount per Covered Person per Covered Accident</p>

	Basic	Enhanced	Enhanced Plus
Ruptured Disc Or Torn Knee Cartilage Benefit: Pays an indemnity amount per Covered Person per Covered Accident for a ruptured disc or torn knee cartilage. The Covered Person must be treated by a Physician and the ruptured disc or torn knee cartilage must be repaired through surgery. If a Covered Person receives both a ruptured disc and a torn knee cartilage in the same Covered Accident we will pay for each injury.	\$500 per Covered Person per Covered Accident	\$500 per Covered Person per Covered Accident	\$500 per Covered Person per Covered Accident
Eye Injury Benefit: Pays an indemnity amount for a Covered Person who receives an Injury to one eye or both eyes due to a Covered Accident. The amount shown is the total amount for both eyes. If permanent loss of use of one or both eyes occurs, benefits will be paid under the Accidental Dismemberment Benefit. This benefit is paid once per Covered Person per Covered Accident.	<p>\$250 for surgical repair of one or both eyes</p> <p>\$50 for removal of a foreign body for one or both eyes</p> <p>Payable once per Covered Person per Covered Accident</p>	<p>\$250 for surgical repair of one or both eyes</p> <p>\$50 for removal of a foreign body for one or both eyes</p> <p>Payable once per Covered Person per Covered Accident</p>	<p>\$250 for surgical repair of one or both eyes</p> <p>\$50 for removal of a foreign body for one or both eyes</p> <p>Payable once per Covered Person per Covered Accident</p>
Emergency Dental Work Benefit: Pays an indemnity amount for a Covered Person for repair to natural teeth when treated by a Physician or dentist and that is a result of Injuries sustained in a Covered Accident. Initial dental treatment must be received within 72 hours of the Covered Accident. Benefits are paid only once per Covered Person per Covered Accident.	<p>\$150 for broken teeth repaired with crown</p> <p>\$50 for extraction for broken teeth regardless of the number of teeth</p> <p>Payable once per Covered Person per Covered Accident</p>	<p>\$150 for broken teeth repaired with crown</p> <p>\$50 for extraction for broken teeth regardless of the number of teeth</p> <p>Payable once per Covered Person per Covered Accident</p>	<p>\$150 for broken teeth repaired with crown</p> <p>\$50 for extraction for broken teeth regardless of the number of teeth</p> <p>Payable once per Covered Person per Covered Accident</p>
Concussion Benefit: Pays an indemnity amount per Covered Person who sustains a concussion as a result of a Covered Accident and is diagnosed by a Physician within 72 hours using any type of imaging procedures such as x-ray; CAT scan; or MRI.	\$200 per Covered Person per Covered Accident	\$200 per Covered Person per Covered Accident	\$200 per Covered Person per Covered Accident
Lacerations Benefit: Pays an indemnity amount for a Covered Person who receives lacerations due to a Covered Accident. The lacerations must be repaired or treated by a Physician. If the laceration is severe enough to require stitches and the Physician chooses to repair the laceration with a method other than the use of sutures, we will pay this benefit as if it is a laceration that did require sutures.	<p>Requiring sutures: \$100 up to \$400, dependent upon the total inches of sutures</p> <p>Not requiring sutures: \$25 per Covered Person per Covered Accident</p>	<p>Requiring sutures: \$100 up to \$400, dependent upon the total inches of sutures</p> <p>Not requiring sutures: \$25 per Covered Person per Covered Accident</p>	<p>Requiring sutures: \$100 up to \$400, dependent upon the total inches of sutures</p> <p>Not requiring sutures: \$25 per Covered Person per Covered Accident</p>

	Basic	Enhanced	Enhanced Plus
Appliances Benefit: Pays an indemnity amount for crutches, leg braces, back braces, walkers, or wheel chairs when a Covered Person sustains Injuries in a Covered Accident and the use of such an appliance is advised by a Physician and be used to aid the Covered Person in personal mobility. This benefit is not payable for Prosthetic Devices. This benefit is payable only once per Covered Person per Covered Accident.	\$100 once per Covered Person per Covered Accident	\$100 once per Covered Person per Covered Accident	\$100 once per Covered Person per Covered Accident
Physical Therapy Benefit: Pays an indemnity amount for one treatment per day for up to eight treatments by a caregiver licensed in physical therapy when advised by a Physician for Injuries sustained in a Covered Accident. This benefit is not payable for the same visit that the Accident Follow-up Treatment Benefit (or Non-Emergency Follow-Up Benefit if the Accident Only Benefit Enhancement Rider is included at time of application) is paid.	\$25 per treatment up to eight treatments per Covered Person per Covered Accident	\$25 per treatment up to eight treatments per Covered Person per Covered Accident	\$25 per treatment up to eight treatments per Covered Person per Covered Accident
Prosthesis Benefit: Pays an indemnity benefit for a Covered Person who requires the use of a Prosthesis as a result of Injuries sustained in a Covered Accident. This benefit is payable only once per Covered Person per Covered Accident. This benefit is not payable for hearing aids; dental aids; eyeglasses; false teeth; or for cosmetic aids such as wigs.	\$500 per Covered Person per Covered Accident	\$500 per Covered Person per Covered Accident	\$500 per Covered Person per Covered Accident
Blood, Plasma and Platelets Benefit: Pays an indemnity benefit per Covered Person per Covered Accident for blood, plasma and platelets. This benefit does not provide benefits for immunoglobulins. This benefit is payable once per Covered Person per Covered Accident.	\$250 per Covered Person per Covered Accident	\$250 per Covered Person per Covered Accident	\$250 per Covered Person per Covered Accident
Exploratory Surgery Benefit Without Surgical Repair: Pays an indemnity benefit per Covered Person per Covered Accident when an exploratory surgical operation without surgical repair is performed on a Covered Person for Injuries sustained in a Covered Accident. This benefit is payable for only one exploratory surgery without surgical repair per Covered Person per Covered Accident.	\$250 per Covered Person per Covered Accident	\$250 per Covered Person per Covered Accident	\$250 per Covered Person per Covered Accident

	Basic	Enhanced	Enhanced Plus
Medical Imaging Benefit: Pays an indemnity benefit per Covered Person per Covered Accident when either a Magnetic Resonance Imaging (MRI); a Computed Tomography (CT) scan; a Computed Axial Tomography (CAT) scan; a Positron Emission Tomography (PET) scan; or an ultrasound is performed due to Injuries sustained in a Covered Accident and must be at the request of a Physician. This benefit is paid one time per Covered Person per Covered Accident.	\$150 per Covered Person per Covered Accident	\$150 per Covered Person per Covered Accident	\$150 per Covered Person per Covered Accident
Wellness Benefit: Pays an indemnity benefit once per policy per Calendar Year after 12 months waiting period for routine examinations or preventive testing. This benefit does not cover dental exams or eye exams. Services must be under the supervision of a Physician and a charge must be incurred for the service.	\$50 per policy per Calendar Year	\$75 per policy per Calendar Year	\$75 per policy per Calendar Year
Paralysis Benefit: Pays an indemnity benefit if a Covered Person suffers Paralysis as a result of a Covered Accident. The duration of the Paralysis must be a minimum of 3 consecutive months. Pays once per lifetime per Covered Person.	Quadriplegia: \$10,000 Paraplegia: \$5,000 Payable once per Covered Person per lifetime	Quadriplegia: \$10,000 Paraplegia: \$5,000 Payable once per Covered Person per lifetime	Quadriplegia: \$10,000 Paraplegia: \$5,000 Payable once per Covered Person per lifetime

(4) Limitations and Exclusions -

- A. No benefits will be provided for an Accident that is caused by or occurs as a result of:
 - (a) intentionally self-inflicted bodily injury or attempted suicide, whether sane or insane;
 - (b) participation in any form of flight aviation other than as a fare-paying passenger in a fully licensed/passenger-carrying aircraft;
 - (c) any act that was caused by war, declared or undeclared, or service in any of the armed forces;
 - (d) participation in any activity or event while under the influence of any narcotic unless administered by a Physician or taken according to the Physician's instructions;
 - (e) participation in, or attempting to participate in, a felony, riot or insurrection (A felony is as defined by the law of the jurisdiction in which the activity takes place.);
 - (f) participation in any sport for pay or profit;
 - (g) participation in any contest of speed in a power driven vehicle for pay or profit;
 - (h) participation in parachuting, bungee jumping, rappelling, mountain climbing or hang gliding.
- B. Benefits will not be paid for services rendered by a member of the immediate family of a Covered Person.
- C. Benefits will not be provided for medical treatment for an Accident received outside the United States or its territories.

This policy will not pay benefits for injuries received prior to the Effective Date of coverage that are aggravated or re-injured by any event that occurs after the Effective Date.

Non-Occupational Accident Only Rider. If this rider is included at the time of application, it amends the base policy to provide coverage for non-occupational Accidents only. When this rider is included with the base policy at time of application, a Covered Accident does not include any Injury that occurs while engaged in any activity that pertains to the Covered Person's job where such Covered Person receives pay or benefits. No benefits will be provided for any Injury that occurs while engaged in any activity that pertains to the Covered Person's job where such Covered Person receives pay or benefits.

- (5) **Renewability** - The policy is guaranteed renewable for life, as long as you pay premiums before the date due or within the next 31 days. Premium rates may be changed, but only on a class basis.

Additional Riders: The following riders may have been applied for:

Accident Only Benefit Enhancement Rider. This rider increases the Benefit Amounts shown in the policy Schedule of Benefits as follows:

	Basic	Enhanced	Enhanced Plus
Accidental Death or Dismemberment Benefit:	<p>Death: Increases the Spouse Death Benefit Amount by up to \$25,000 dependent upon the type of Covered Accident. Increases the Child Death Benefit Amount up to \$15,000 dependent upon the type of Covered Accident.</p> <p>Dismemberment: Increases the Spouse Dismemberment Benefit Amount by up to \$7,500 dependent upon the type of Dismemberment. Increases the Child Dismemberment Benefit Amount by up to \$2,500 dependent upon the type of Dismemberment.</p>	<p>Death: Increases the Spouse Death Benefit Amount by up to \$50,000 dependent upon the type of Covered Accident. Increases the Child Death Benefit Amount up to \$30,000 dependent upon the type of Covered Accident.</p> <p>Dismemberment: Increases the Spouse Dismemberment Benefit Amount by up to \$15,000 dependent upon the type of Dismemberment. Increases the Child Dismemberment Benefit Amount by up to \$5,000 dependent upon the type of Dismemberment.</p>	<p>Death: Increases the Spouse Death Benefit Amount by up to \$100,000 dependent upon the type of Covered Accident. Increases the Child Death Benefit Amount up to \$60,000 dependent upon the type of Covered Accident.</p> <p>Dismemberment: Increases the Spouse Dismemberment Benefit Amount by up to \$30,000 dependent upon the type of Dismemberment. Increases the Child Dismemberment Benefit Amount by up to \$10,000 dependent upon the type of Dismemberment.</p>
Accident Emergency Treatment Benefit:	<p>Hospital Emergency Room: Increases Benefit Amount by \$50.</p> <p>Doctor's Office: Increases Benefit Amount by \$75.</p>	<p>Hospital Emergency Room: Increases Benefit Amount by \$50.</p> <p>Doctor's Office: Increases Benefit Amount by \$100.</p>	<p>Hospital Emergency Room: Increases Benefit Amount by \$50.</p> <p>Doctor's Office: Increases Benefit Amount by \$125.</p>
Ambulance Benefit:	<p>Ground: Increases Benefit Amount by \$150.</p> <p>Air: Increases Benefit Amount by \$1,000.</p>	<p>Ground: Increases Benefit Amount by \$150.</p> <p>Air: Increases Benefit Amount by \$1,000.</p>	<p>Ground: Increases Benefit Amount by \$150.</p> <p>Air: Increases Benefit Amount by \$1,000.</p>
Medical Imaging Benefit:	Increases Benefit Amount by \$50.	Increases Benefit Amount by \$50.	Increases Benefit Amount by \$50.

[The AA. Wellness Benefit is replaced in its entirety by the following:

	Basic	Enhanced	Enhanced Plus
Wellness Benefit: Pays an indemnity benefit once per policy per Calendar Year after [12-month, 30-day] waiting period for routine examinations or preventive testing. This benefit does not cover dental exams or eye exams. Services must be under the supervision of a Physician and a charge must be incurred for the service.	\$50 per policy per Calendar Year	\$75 per policy per Calendar Year	\$75 per policy per Calendar Year

The following benefits are added to the base policy and policy Schedule of Benefits:

	Basic	Enhanced	Enhanced Plus
OUTPATIENT HOSPITAL OR AMBULATORY SURGICAL CENTER BENEFIT: When a surgical procedure is performed on an outpatient basis in a Hospital or at an Ambulatory Surgical Center on a Covered Person for Injuries sustained in a Covered Accident, pays an indemnity amount for the facility fee charged by such Hospital or Ambulatory Surgical Center. We will only pay one Outpatient Hospital or Ambulatory Surgical Center Benefit per Covered Person in a 24-hour period even if more than one surgical procedure is performed. This benefit will not be paid for surgery performed in a Hospital emergency room or in a Physician's office.	\$150 per day surgery performed per Covered Person	\$250 per day surgery performed per Covered Person	\$350 per day surgery performed per Covered Person
ANESTHESIA BENEFIT: Pays an indemnity amount for the services of an anesthesiologist received as a result of a surgery performed due to Injuries sustained in a Covered Accident. Hospital Confinement is not required to receive this benefit. We will only pay one Anesthesia Benefit per Covered Person in a 24-hour period even if more than one surgical procedure is performed. This benefit is not payable for local anesthesia.	\$150 per day surgery performed per Covered Person	\$200 per day surgery performed per Covered Person	\$250 per day surgery performed per Covered Person
NON-EMERGENCY ACCIDENT INITIAL TREATMENT BENEFIT: Pays an indemnity amount for a Covered Person who receives initial medical treatment for Injuries sustained in a Covered Accident when such treatment is received more than 72 hours after the Covered Accident. Initial medical treatment must: be received in a Physician's office or emergency room for Injuries sustained in a Covered Accident; and be the first treatment received by the Covered Person for such Injuries; and occur within 30 days following the Covered Accident. This benefit is payable once per Covered Person per Covered Accident.	\$75 per Covered Person per Covered Accident	\$100 per Covered Person per Covered Accident	\$125 per Covered Person per Covered Accident

	Basic	Enhanced	Enhanced Plus
NON-EMERGENCY ACCIDENT FOLLOW-UP TREATMENT BENEFIT: If the Non-Emergency Accident Initial Treatment Benefit is payable for a Covered Person and later, while covered under the policy, such Covered Person requires additional treatment over and above the initial medical treatment administered, pays an indemnity amount. Pays for up to two treatments per Covered Person per Covered Accident. Medical treatment must be provided by a Physician. This benefit is not payable for the same visit that the Physical Therapy Benefit or the Accident Follow-Up Benefit is paid. Physical Therapy or Accident Follow-Up treatments are not payable under the Non-Emergency Accident Follow-Up Treatment Benefit as those treatments are covered under the Physical Therapy Benefit or Accident Follow-Up Treatment Benefit, as applicable.	\$50 per treatment up to two treatments per Covered Person per Covered Accident	\$50 per treatment up to two treatments per Covered Person per Covered Accident	\$50 per treatment up to two treatments per Covered Person per Covered Accident
X-RAY BENEFIT: Pays an indemnity amount for a Covered Person who has an x-ray performed due to Injuries sustained in a Covered Accident. The x-ray must be done at the request of a Physician. This benefit is payable one time per Covered Person per Covered Accident. This benefit does not cover any tests payable under the Medical Imaging Benefit or any other screening or medical imaging tests.	\$50 per Covered Person per Covered Accident	\$100 per Covered Person per Covered Accident	\$150 per Covered Person per Covered Accident

Accident Disability Income Rider - 24 Hour Coverage. This rider provides benefits if: the Covered Person is age 69 or under; and becomes Totally Disabled due to Injuries received in a Covered Accident that occurs while this coverage is in force; and such Total Disability begins within 90 days of the Covered Accident.

If the Covered Person becomes Totally Disabled within 90 days of a Covered Accident, we will pay the applicable Monthly Benefit Amount for each month Total Disability continues beyond the Elimination Period. The satisfaction of the Elimination Period must begin within the first 90 days following the Covered Accident. If a break of Total Disability occurs during the Elimination Period without the Elimination Period being satisfied, no benefits will be considered for losses that recommence beyond the first 90 days following the Covered Accident. Benefits will be paid for the Maximum Benefit Period selected by the Covered Person.

If Total Disability, for which benefits are provided under this rider, is due to a Covered Accident that occurs off the job, the Off The Job Monthly Benefit Amount will be paid.

If Total Disability, for which benefits are provided under this rider, is due to a Covered Accident that occurs while the Covered Person is working at any job for pay or benefits, the On The Job Monthly Benefit Amount will be paid.

Accident Disability Income Rider - Non Occupational. This rider does not pay any benefits for Injuries received in an Accident that occurs while engaged in any activity that pertains to the Covered Person's job where such Covered Person receives wages or benefits.

This rider will provide benefits if: The Covered Person is age 69 or under; and becomes Totally Disabled due to Injuries sustained in a Covered Accident that occurs while this coverage is in force; and such Total Disability begins within 90 days of the Covered Accident.

If the Covered Person becomes Totally Disabled within 90 days of the Covered Accident, we will pay the applicable Monthly Benefit Amount for each month Total Disability continues beyond the Elimination Period. The satisfaction of the Elimination Period must begin within the first 90 days following the Covered Accident. If a break of Total Disability occurs during the Elimination Period without the Elimination Period being satisfied, no benefits will be considered for losses that recommence beyond the first 90 days following the Covered Accident. Benefits will be paid for a Maximum Benefit Period selected by the Covered Person.

Definition of Totally Disabled (Total Disability):

- A. For Covered Persons with Full Time Employment, the term Totally Disabled means the Covered Person is unable to perform the material and substantial duties of his or her occupation due to Injuries received in a Covered Accident. The Covered Person also must be under the Regular Care and Attendance of a Physician for the Covered Person's condition.
- B. For Covered Persons without Full Time Employment, Totally Disabled means that due to Injuries received in a Covered Accident, the Covered Person is unable to safely perform two or more Activities of Daily Living without another person's stand-by assistance or verbal cueing. The inability to perform a task must be generally recognized by the medical profession as a consequence of the disabling Accident. The Covered Person must be under the Regular Care and Attendance of a Physician for the Covered Person's condition.

Accident Disability Income Rider Limitations and Exclusions

No benefits will be provided if the Covered Person becomes Totally Disabled due to an Accident that is caused by or occurs as a result of:

- (1) intentionally self-inflicted bodily injury, suicide or attempted suicide, whether sane or insane;
- (2) participation in any form of flight aviation other than as a fare-paying passenger in a fully licensed/passenger-carrying aircraft;
- (3) any act that was caused by war, declared or undeclared, or service in any of the armed forces;
- (4) the participation in any activity or event while under the influence of any narcotic unless administered by a Physician or taken according to the Physician's instructions;
- (5) participation in, or attempting to participate in, a felony, riot or insurrection (A felony is as defined by the law of the jurisdiction in which the activity takes place.);
- (6) participation in any sport for pay or profit;
- (7) participation in any contest of speed in a power driven vehicle for pay or profit;
- (8) participation in parachuting, bungee jumping, rappelling, mountain climbing or hang gliding.

Benefits provided by this rider will only be paid for one disability at a time, even if the Covered Person becomes Totally Disabled due to more than one Injury or more than one Covered Accident.

Benefits are not payable for services rendered or Total Disability verified by a member of the Covered Person's immediate family.

Benefits are not payable during any period of time the Covered Person is incarcerated in any type of penal institution or due to any Accident that occurs while the Covered Person is incarcerated in any type of penal institution.

Benefits are not payable for Total Disability or services rendered as a result of an Accident that occurred outside the United States or its territories.

<i>SERFF Tracking Number:</i>	<i>AFDL-125798780</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American Fidelity Assurance Company</i>	<i>State Tracking Number:</i>	<i>40166</i>
<i>Company Tracking Number:</i>	<i>AMD1258, AMD1259, A1194R808</i>		
<i>TOI:</i>	<i>H021 Individual Health - Accident Only</i>	<i>Sub-TOI:</i>	<i>H021.000 Health - Accident Only</i>
<i>Product Name:</i>	<i>AMD1258, AMD1259, A1194R808</i>		
<i>Project Name/Number:</i>	<i>AMD1258, AMD1259, A1194R808/AMD1258, AMD1259, A1194R808</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: AFDL-125798780 State: Arkansas
Filing Company: American Fidelity Assurance Company State Tracking Number: 40166
Company Tracking Number: AMDI258, AMDI259, A1194R808
TOI: H021 Individual Health - Accident Only Sub-TOI: H021.000 Health - Accident Only
Product Name: AMDI258, AMDI259, A1194R808
Project Name/Number: AMDI258, AMDI259, A1194R808/AMDI258, AMDI259, A1194R808

Supporting Document Schedules

Satisfied -Name: Certification/Notice **Review Status:** Approved-Closed 09/08/2008
Comments:
Attachment:
AR FLESCHE HEALTH.pdf

Bypassed -Name: Application **Review Status:** Approved-Closed 09/08/2008
Bypass Reason: SEE FORMS TAB
Comments:

Bypassed -Name: Outline of Coverage **Review Status:** Approved-Closed 09/08/2008
Bypass Reason: See forms tab
Comments:



ARKANSAS FLESCH CERTIFICATION

This is to certify that the Flesch scores for the enclosed forms are as follows:

Form Number	Flesch Score	Words Contained in Text
AMD1258 Benefit Enhancement Rider	53	1314
AMD1259 Non-Occupational Accident Rider	56	214
A1194R808 Accident Only Application	52	473

The forms are printed in not less than 10 point type, one point leaded.

The application has been scored by the Flesch method.

A handwritten signature in black ink, appearing to read 'Alex M Bagby', is written over a horizontal line.

Alex M Bagby, A.S.A., M.A.A.A.
Sr. Vice President and Director of Products

September 3, 2008

Date